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Mar 07 1997 8:00am
Secretary of State



NONPROFIT CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000004566 (4)

1. Corporation Name

PARADISE BAY ESTATES TENANTS' ASSOC., INC.



Principal Place of Business

10315 44 AVE. WEST
42 4TH STREET
BRADENTON FL 34210

Mailing Address

10315 44 AVE. WEST
42 4TH STREET
BRADENTON FL 34210

3. Date Incorporated or Qualified
09/25/1995

3a. Date of Last Report
04/19/1996

2. Principal Place of Business

21 10315 44th AVE WEST

2a. Mailing Address

26 10315 44th AVE WEST

Suite, Apt. #, etc.

22 57 4th STREET

Suite, Apt. #, etc.

27 57 4th STREET

City & State

23 BRADENTON FL.

City & State

28 BRADENTON FL.

Zip

24 34210

Country

25 U.S.A.

Zip

29 34210

Country

30 U.S.A.

4. FEI Number
APPLIED FOR

65-0635722

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

HAMMOND, PETER
10315 44 AVE. WEST
57 - 4TH STREET
BRADENTON FL 34210

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

[Signature]

R.P. HAMMOND

FEB 20 '97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
P	HAMMOND, PETER	10315 44TH AVE. WEST, 57-4TH ST.	BRADENTON FL 34210	<input type="checkbox"/>
ST	FONDAW, EVA LEE	10315 77TH AVE. WEST, 37-H ST.	BRADENTON FL 34210	<input checked="" type="checkbox"/>
D	WINANS, BETTY	10315 44TH AVE. WEST, 71-4TH ST.	BRADENTON FL 34210	<input checked="" type="checkbox"/>
D	LAMB, JENNY	10315 77TH AVE. WEST, 62-2ND ST.	BRADENTON FL 34210	<input type="checkbox"/>
V	HIBBS, DAN	10315 44TH AVE. WEST, 8-2ND ST.	BRADENTON FL 34210	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
TREASURER T.	BARBARA YOUNG, BARBARA	10315 44th AVE WEST, 71-4th ST.	BRADENTON FL, 34210	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
V.	FONDAW, EDWARD	10315 44th AVE WEST, 37-HST.	BRADENTON FL, 34210	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
	KATHARINE BURKHART	10315		<input type="checkbox"/>
				<input type="checkbox"/>
D	BURKHART KATHARINE	10315 44th AVE WEST, 11-C ST.	BRADENTON, FL, 34210	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
S	PARRISH FRANCIS	10315 44th AVE WEST, 52-3rd ST.	BRADENTON FL, 34210	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

FEB 20 97

941-798-2665

CR2E037 (9/96)